

Case Number:	CM15-0175305		
Date Assigned:	09/16/2015	Date of Injury:	06/29/2012
Decision Date:	10/23/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old female who sustained an industrial injury on 6-29-12. A review of the medical records indicates she is undergoing treatment for status post left hand surgery and left hand chronic regional pain syndrome. Medical records (6-29-15 to 7-23-15) indicate ongoing complaints of neck and low back pain. She has also complained of ongoing pain in the left hand and fingers (7-23-15). She presented to the provider's office on 8-25-15 with "severe pain in her neck". She noted "70% increase in pain since her last visit". She rated the neck pain 8-9 out of 10 with radiation and burning into the left hand. She reported that her pain was "equal" in bilateral shoulders. She noted that her hand often swells and has a "stinging pain" throughout the hand. She also complained of mid and low back pain, rating 8 out of 10. The physical exam (7-23-15) indicates "diffuse tenderness to palpation of the left wrist" and decreased range of motion due to pain. Diagnostic studies have included a bone scan of the left hand on 9-2-14, an MRI of the left hand on 4-14-14, and an x-ray of the left hand on 7-23-15. Treatment has included oral medications, including Norco and Norflex, occupational therapy from September 2013 to February 2015 with noted improved range of motion, decreased stiffness, and improved pain, Stellate ganglion blocks, Flexeril - no reduction in spasms, and Ultracet - no reduction in pain (7-23-15). She has also undergone right carpal tunnel release in 2011, left carpal tunnel release on 9-15-13, metacarpal bossing on 9-15-13, and a cervical fusion in 2010. The treatment requested included occupational and physical therapy to the left hand for a total of 12 sessions. The utilization review (8-5-15) indicates requests for authorization,

including Robaxin 750mg, #90. This request was denied based on no documentation of functional improvement from prior use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Robaxin 750mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic LBP. (Chou, 2007) (Mens, 2005) (VanTulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in injured workers driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008) According to the documents available for review, the injured worker has been utilizing Robaxin for long-term treatment of chronic pain condition. This is in contrast to the MTUS recommendations for short-term treatment of acute exacerbations. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.